

JAY DARDENNE  
SECRETARY OF STATE

STATE OF LOUISIANA  
SECRETARY OF STATE



**TRANSMITTAL INFORMATION  
For All Business Filings**

Commercial  
(225) 925-4704

Administrative Services  
(225) 925-4704

Fax  
(225) 925-4726  
(225) 922-0435

Uniform Commercial Code  
(225) 922-1193

Fax  
(225) 922-0452

***Registered agent, officer, entity status information available via the Internet***

Business Name (List ***exactly*** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Daytime phone number

Address

City

State

Zip Code

**NOTE: Louisiana notaries must print or type their name and include their notary or bar roll number.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8549 United Plaza Blvd., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

**STATE OF LOUISIANA**  
**SECRETARY OF STATE**

JAY DARDENNE  
SECRETARY OF STATE



Commercial  
(225) 925-4704  
Fax (225) 922-0435

Administrative Services  
(225) 925-4704  
Fax (225) 925-4726

Uniform Commercial Code  
(225) 922-1193  
Fax (225) 922-0452

First Stop Shop  
(225) 922-2895  
Fax (225) 925-4591

**IMPORTANT NOTICE**

The instructions from the Secretary of State's office in order to qualify a foreign limited liability company to do business in the state of Louisiana are the following:

1. The name must be identical to the name on certificate of existence or good standing from organizing jurisdiction. The certificate must be dated within (90) ninety days of its submission. (In the states of Texas and Alabama, obtain a certificate of existence from the Secretary of State, not a good standing from the Comptroller/Department of Revenue.)
2. The name must be identical to the name on the certificate of fact evidencing the name change issued by the proper official of the organizing jurisdiction.
3. The date organized in your state or country and period of duration, if any.
4. The street address of the principal office of the organization in the state or country under the laws of which it is organized.
5. The street address or intended street address of its principal business office outside the state of Louisiana. If you do not have one, write none in this space.
6. The address of the principal business establishment in this state.
7. This address shall be the street address of your registered agent if the agent is an individual or corporation.
8. The agent must be an individual resident in Louisiana, an individual attorney or a partnership which is authorized to practice law in Louisiana or a domestic or foreign corporation authorized to act as registered agent for other organizations.
9. The nature of business that the limited liability company proposes to transact in this state and a statement that it is empowered to transact such business under the laws under which it is organized.

NOTE: If the company includes in its name the words "engineer", "engineering", "surveyor", or "surveying", please contact the Louisiana Professional Engineering and Land Surveying Board prior to submitting the application for authority. They can be contacted at (225) 925-6291, 9643 Brookline Ave., Suite 121, Baton Rouge, LA 70809 ([www.lapels.com](http://www.lapels.com)).

Jay Dardenne  
Secretary of State



**APPLICATION FOR AUTHORITY  
TO TRANSACT BUSINESS IN LOUISIANA**

(R.S. 12:1345)

**Foreign Limited Liability Company**  
**Enclose \$125.00 filing fee**  
**Make remittance payable to**  
**Secretary of State**  
**Do Not Send Cash**

**Return to: Commercial Division**  
**P. O. Box 94125**  
**Baton Rouge, LA 70804-9125**  
**Phone (225) 925-4704**  
**Web site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)**

STATE OF \_\_\_\_\_

Check one: ( ) Original Application  
( ) Amended Application

PARISH/COUNTY OF \_\_\_\_\_

1. Limited liability company name: \_\_\_\_\_

2. Previous company name: \_\_\_\_\_

3. Date of organization: \_\_\_\_\_ Period of duration: \_\_\_\_\_

4. Principal office address in state or country of organization:

\_\_\_\_\_

5. Principal business office address:

\_\_\_\_\_

**PLEASE INCLUDE COMPLETE STREET ADDRESSES FOR THE FOLLOWING.**

6. Principal business establishment in Louisiana:

\_\_\_\_\_

7. Registered office address in Louisiana:

\_\_\_\_\_

8. Registered agent's name and address in Louisiana: \_\_\_\_\_

\_\_\_\_\_

9. Nature of business to be transacted in Louisiana: \_\_\_\_\_

\_\_\_\_\_

To be signed by a Member/Manager

Title

Date

Sworn to and subscribed before me, the undersigned Notary Public, on this date: \_\_\_\_\_

\_\_\_\_\_  
Notary

**AGENT'S ACCEPTANCE AND ACKNOWLEDGEMENT OF APPOINTMENT**

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

\_\_\_\_\_  
Registered Agent

Sworn to and subscribed before me on this date: \_\_\_\_\_

\_\_\_\_\_  
Notary